

**APPLICATION FOR REFUND OF FEES  
PAID ELECTRONICALLY THROUGH PAY.GOV**

Date of Request:

Date of Fee Payment:

Case Number:

Receipt Number:

Amount to be Refunded:

Reason for Request:

Supervisor's Recommendation:

Action Taken:	_____	Approved
	_____	Denied
	_____	Referred to Judge for further action

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JAMES N. HATTEN  
Clerk of Court